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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Heinrich Lang, et al
Serial No.:10/767,669
Filed: 01/29/2004
For: REARVIEW MIRROR ASSEMBLY FOR
MOTOR VEHICLES (As Amended)

Examiner: Ricky D. Shafer
Group No.: 2872
Docket No.:LMX-129 CON

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the United States Patent Office (fax number 1-703-872-9306) on the date shown below:

1. Response to the PTO Action of 2/04/05;
2. Replacement Drawing (Figure 4);
3. Revocation and Reappointment of Power of Attorney;
4. PTO/SB/25 Terminal Disclaimer to Obviate a Provisional Double Patenting Rejection Over a Pending "Reference" Application; and
5. Fee Transmittal

Respectfully submitted,



Henry S. Jaudon
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Date: 3-03-05
No. of Pages 8

By: Jean S. Mansan

GREENVILLE 207084v1

PAGE 1/8 * RCVD AT 3/3/2005 2:28:22 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/3 * DNI:8729306 * CSID:18642324437 * DURATION (mm:ss):02:38

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$).55.00

Complete If Known

| | |
|----------------------|-----------------|
| Application Number | 10/767,669 |
| Filing Date | 01/29/2004 |
| First Named Inventor | Heinrich Land |
| Examiner Name | Ricky D. Shafer |
| Art Unit | 2872 |
| Attorney Docket No. | LMX-129 CON |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 502079 Deposit Account Name: McNair Law Firm, P.A.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|----------|-------------|----------|------------------|----------|----------------|
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|----------|
| | | | | | Fee (\$) | Fee (\$) |

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee (\$) |
|---------------|--------------|----------|---------------|---------------------------|----------|----------|
| | | | | | Fee (\$) | Fee (\$) |

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(s)(1)(G) and 37 CFR 1.16(s).

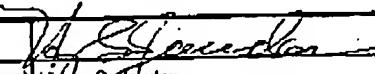
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| | | | Fee (\$) | Fee Paid (\$) |

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer _____ \$55.00

| | | | |
|-------------------|---|---|------------------------|
| SUBMITTED BY |  | Registration No. 34,056 (Attorney/Agent) | Telephone 864-232-4261 |
| Name (Print/Type) | Henry S. Jaudon | Date 03/03/05 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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